

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>		<input type="text" value="1211793.15"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="700833.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="491.00"/>	<input type="text" value="2543402.01"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="701324.00"/>	<input type="text" value="3755195.16"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="42683.34"/>	<input type="text" value="3096554.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="658640.66"/>	<input type="text" value="658640.66"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="228556.04"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	345.00	10800.00
(ii) Unitemized	146.00	4350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	491.00	15150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2472586.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	491.00	2487736.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	15152.29
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	13648.45
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	26865.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	491.00	2543402.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	491.00	2543402.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	42683.34	743474.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42683.34	743474.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	67330.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2285700.19
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	42683.34	3096554.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42683.34	3096554.50

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	491.00	2487736.00
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	491.00	2487686.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	42683.34	743474.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	13648.45
38. Net Operating Expenditures (subtract Line 37 from Line 36)	42683.34	729825.86

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Borchert, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1706 Whitby Avenue
 City Portage State MI Zip Code 49024-2552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 01 / 2023
Transaction ID : SA11AI.48918
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Dobzenski, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 312 Altavista Loop
 City Jacksonville State NC Zip Code 28546-8160
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Expedient Resource Services Occupation (for Individual) Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 01 / 2023
Transaction ID : SA11AI.48921
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Endres, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 105 Charmuth Road
 City Lutherville State MD Zip Code 21093-5209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory Hill Occupation (for Individual) CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 08 / 2023
Transaction ID : SA11AI.48922
 Amount of Each Receipt this Period 35.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 210.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hegeman, Carmen, B., ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2023 Transaction ID : SA11AI.48923
Mailing Address 809 La Cruz Drive		Amount of Each Receipt this Period 100.00
City El Paso	State TX	Zip Code 79902-1720
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herrema, Justin, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2023 Transaction ID : SA11AI.48924
Mailing Address 1943 Porter Street Southwest		Amount of Each Receipt this Period 35.00
City Wyoming	State MI	Zip Code 49519-2220
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	135.00
TOTAL This Period (last page this line number only).....▶	345.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Anedot, Inc		Date of Disbursement MM / DD / YYYY 10 / 31 / 2023
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C [REDACTED] Transaction ID : SB21B.48933
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement Credit card processing fees		Amount of Each Disbursement this Period 19.84
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Birnbaum, Maria, , ,		Date of Disbursement MM / DD / YYYY 10 / 01 / 2023
Mailing Address 2800 Shirlington Road Suite 1200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.48952
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement Benefits		Amount of Each Disbursement this Period 2249.62
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Birnbaum, Maria, , ,		Date of Disbursement MM / DD / YYYY 10 / 06 / 2023
Mailing Address 2800 Shirlington Road Suite 1200		FEC Identification Number C [REDACTED] Transaction ID : SB21B.48953
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement Salaries & Taxes		Amount of Each Disbursement this Period 4394.26
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6663.72
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Form A: Birnbaum, Maria, , , Disbursement details including date (10/20/2023), amount (4394.26), and category (001).

Form B: Birnbaum, Maria, , , Disbursement details including date (10/31/2023), amount (150.00), and category (001).

Form C: Gramm, Mya, , , Disbursement details including date (10/18/2023), amount (255.78), and category (001).

SUBTOTAL of Disbursements This Page (optional) 4800.04
TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Gramm, Mya, , ,

Mailing Address 2800 Shirlington Road
Suite 1200

City Arlington State VA Zip Code 22206

Purpose of Disbursement

Travel/Office Supplies

001

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	0			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.48960

Amount of Each Disbursement this Period

2	6	4	.	0	4
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Memo Item

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Field and State Director Pay

001

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.48937

Amount of Each Disbursement this Period

2	6	1	2	.	3	0
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Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Canvassing - AZ

001

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	1			2	0	2	3		

FEC Identification Number

C

Transaction ID : SB21B.48942

Amount of Each Disbursement this Period

2	2	5	.	0	4
---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	1	2	6	.	3	8
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TOTAL This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Headway Workforce Solutions Inc.		Date of Disbursement MM / DD / YYYY 10 / 01 / 2023
Mailing Address 3100 Smoketree Ct. Suite 900		FEC Identification Number C [] Transaction ID : SB21B.48947
City Raleigh	State NC	Zip Code 27604
Purpose of Disbursement Mileage		Category/Type 002
Candidate Name		Amount of Each Disbursement this Period 94.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Headway Workforce Solutions Inc.		Date of Disbursement MM / DD / YYYY 10 / 01 / 2023
Mailing Address 3100 Smoketree Ct. Suite 900		FEC Identification Number C [] Transaction ID : SB21B.48962
City Raleigh	State NC	Zip Code 27604
Purpose of Disbursement Field and State Director Pay		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 945.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Headway Workforce Solutions Inc.		Date of Disbursement MM / DD / YYYY 10 / 08 / 2023
Mailing Address 3100 Smoketree Ct. Suite 900		FEC Identification Number C [] Transaction ID : SB21B.48938
City Raleigh	State NC	Zip Code 27604
Purpose of Disbursement Field and State Director Pay		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 2612.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3651.50
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Canvassing - AZ

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2023

FEC Identification Number

C

Transaction ID : SB21B.48943

Amount of Each Disbursement this Period

3422.34

Memo Item

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Mileage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 08 / 2023

FEC Identification Number

C

Transaction ID : SB21B.48948

Amount of Each Disbursement this Period

84.30

Memo Item

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Field and State Director Pay

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB21B.48935

Amount of Each Disbursement this Period

2612.30

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

6118.94

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2023

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Canvassing - AZ

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B.48944

Amount of Each Disbursement this Period

3375.59

Memo Item

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2023

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Mileage

002
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B.48949

Amount of Each Disbursement this Period

106.20

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Headway Workforce Solutions Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2023

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Field and State Director Pay

001
Category/ Type

FEC Identification Number

C

Transaction ID : SB21B.48946

Amount of Each Disbursement this Period

2612.30

Memo Item

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

6094.09

TOTAL This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial) A. Headway Workforce Solutions Inc.		Date of Disbursement MM / DD / YYYY 10 / 22 / 2023
Mailing Address 3100 Smoketree Ct. Suite 900		FEC Identification Number C [] Transaction ID : SB21B.48945 Amount of Each Disbursement this Period [] 3462.58
City Raleigh	State NC	Zip Code 27604
Purpose of Disbursement Canvassing - AZ		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Headway Workforce Solutions Inc.		Date of Disbursement MM / DD / YYYY 10 / 22 / 2023
Mailing Address 3100 Smoketree Ct. Suite 900		FEC Identification Number C [] Transaction ID : SB21B.48950 Amount of Each Disbursement this Period [] 129.00
City Raleigh	State NC	Zip Code 27604
Purpose of Disbursement Mileage		Category/Type 002
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Headway Workforce Solutions Inc.		Date of Disbursement MM / DD / YYYY 10 / 29 / 2023
Mailing Address 3100 Smoketree Ct. Suite 900		FEC Identification Number C [] Transaction ID : SB21B.48941 Amount of Each Disbursement this Period [] 2612.30
City Raleigh	State NC	Zip Code 27604
Purpose of Disbursement Field and State Director Pay		Category/Type 001
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 6203.88
TOTAL This Period (last page this line number only).....▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Canvassing - AZ

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.48946
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Headway Workforce Solutions Inc.

Mailing Address 3100 Smoketree Ct.
Suite 900

City Raleigh State NC Zip Code 27604

Purpose of Disbursement

Mileage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.48951
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mesa, Matthew, , ,

Mailing Address 2800 Shirlington Road
Suite 1200

City Arlington State VA Zip Code 22206

Purpose of Disbursement

Travel/Office Supplies

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.48956
Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Credit Card Expense
Mailing Address Three World Financial Center 200 Vesey Street			
City New York	State NY	Zip Code 10285	

Outstanding Balance Beginning This Period <input type="text" value="1731.06"/>	Transaction ID : SD10.48906	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1731.06"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express			Nature of Debt (Purpose): Credit Card Expense
Mailing Address Three World Financial Center 200 Vesey Street			
City New York	State NY	Zip Code 10285	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.48964	
Amount Incurred This Period <input type="text" value="16217.80"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="16217.80"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Marketing & Publishing, Inc.			Nature of Debt (Purpose): Non-Federal Doorhangers - AZ
Mailing Address 2012 Stonewater Ct			
City Hoschton	State GA	Zip Code 30548	

Outstanding Balance Beginning This Period <input type="text" value="14400.00"/>	Transaction ID : SD10.48912	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="14400.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="32348.86"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dentons US LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 1900 K Street NW			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="1260.00"/>	Transaction ID : SD10.48875	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1260.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Dentons US LLP			Nature of Debt (Purpose): Legal Fees
Mailing Address 1900 K Street NW			
City Washington	State DC	Zip Code 20006	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.48935	
Amount Incurred This Period <input type="text" value="420.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="420.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Gsuite			Nature of Debt (Purpose): Cloud Computing Subscription
Mailing Address 1600 Amphitheatre Parkway			
City Mountainview	State CA	Zip Code 94043	

Outstanding Balance Beginning This Period <input type="text" value="1488.24"/>	Transaction ID : SD10.48075	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1488.24"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="3168.24"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 18 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Media Bridge			Nature of Debt (Purpose): Estimate digital ads
Mailing Address 11300 Astarita Ave			
City Partlow	State VA	Zip Code 22534	

Outstanding Balance Beginning This Period <input type="text" value="2000.00"/>	Transaction ID : SD10.15740	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): payroll, travel, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="7561.68"/>	Transaction ID : SD10.43634	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="7561.68"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): payroll, travel, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="40501.40"/>	Transaction ID : SD10.44496	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="40501.40"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="50063.08"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Direct Mail
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="9459.42"/>	Transaction ID : SD10.44823	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9459.42"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): payroll, travel, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="18037.00"/>	Transaction ID : SD10.45454	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="18037.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): payroll, travel, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="29432.00"/>	Transaction ID : SD10.45455	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="29432.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="56928.42"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 20 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Payroll and Consulting
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="23030.96"/>	Transaction ID : SD10.47259	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="23030.96"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Payroll, travel, fees, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="17080.78"/>	Transaction ID : SD10.47261	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17080.78"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Shared expenses
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="1256.68"/>	Transaction ID : SD10.47260	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1256.68"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="41368.42"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Payroll, travel, fees, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="17179.55"/>	Transaction ID : SD10.48262	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="17179.55"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Texting - non-federal expenditure
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="311.59"/>	Transaction ID : SD10.48363	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="311.59"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Payroll, travel, fees, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="22311.56"/>	Transaction ID : SD10.48344	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="22311.56"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="39802.70"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 22 OF 22
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Susan B Anthony List, Inc.			Nature of Debt (Purpose): Payroll, travel, fees, rent, IT security, consulting, database, office supplies
Mailing Address 2776 S. Arlington Mill Dr. # 803			
City Arlington	State VA	Zip Code 22206	

Outstanding Balance Beginning This Period <input type="text" value="4876.32"/>		Transaction ID : SD10.48729	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4876.32"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>			
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>	

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4876.32"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="228556.04"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="228556.04"/>